THE UNIVERSITY OF SYDNEY
FACULTY OF MEDICINE RETREAT

Tuesday 1 and Wednesday 2 July 2008
Milton Park Country House Hotel, Bowral
6 David Street, Bowral NSW 2576
Telephone (02) 4861 1177 – Fax (02) 4861 1219

Tuesday 1 July 2008

12.30 pm - 2.00 pm *Elms 1*	**Lunch**
2.00 pm - 2.20 pm *Baillieu Ballroom*	**Welcome and setting the scene** Professor Bruce Robinson, Dean
2.20 pm - 2.50 pm *Baillieu Ballroom*	**Research Strategy** (recommendations p.4) (1) *Research Centres, Institutes and Hubs* Professor David Handelsman (2) *Research Performance* Associate Professor Graham Mann (3) *Developing the Next Generation* Professor David Burke
3.50 pm - 4.15 pm *Baillieu Foyer*	**Afternoon Tea**
4.15 pm - 4.30 pm *Baillieu Ballroom*	**Research Strategy** Further recommendations from the floor. Professor Bruce Robinson
4.30 pm - 4.50 pm *Baillieu Ballroom*	**International Office** (recommendations p.5) Dr Lyndal Trevena
4.50 pm - 5.05 pm *Bailieu Ballroom*	**Proposal for a University of Sydney Institute of Forensic Medicine and Science** Professor Ron Trent (recommendations p.6)

5.05 pm - 5.20 pm
Baillieu Ballroom

Indigenous Update
Professor Bruce Robinson

(1) *Poche Centre for Indigenous Health*
(2) *Remote Area Health Corps*

6.30 pm - 7.30 pm
Baillieu Foyer

Drinks

7.30 pm
Baillieu Ballroom

Dinner

After dinner speaker: Dr Michael Spence, incoming Vice-Chancellor

Wednesday, 2 July 2008

7.30 am
Conservatory or Berida Manor

Breakfast

8.30 am - 9.00 am
Baillieu Ballroom

Research Strategy
Discussion and adoption of recommendations.
Professor Bruce Robinson

9.00 am - 10.00 am
Baillieu Ballroom

Education

(1) University of Sydney Medical Program

Research in the Medical Program: Building a better pipeline (recommendations p.7)
Associate Professor Tessa Ho

(2) Postgraduate Medical Education

Linkages between universities and postgraduate medical training (recommendations p.8)
Associate Professor Tim Shaw

(3) Science Education

BMedSc degree: a home in the Faculty of Medicine?(discussion paper and recommendations pp.9-10)
Emeritus Professor Ann Sefton

10.00 am - 10.20 am *Baillieu Ballroom*	**Philanthropy/Alumni/Communication/Outreach** Ms Amanda Durack Ms Beth Quinlivan
10.20 am - 11.00 am *Baillieu Ballroom*	**Relationships with our Area Health Services or 'We need each other'** Professor Kathryn North Professor Michael Peek Mr Mike Wallace
11.00 am - 11.15 am *Baillieu Foyer*	**Morning Tea**
11.15 am - 12.15 pm	**Infrastructure** (1) *Planning our physical infrastructure* Mr Paul Berkemeier (2) *Planning our financial infrastructure* Professor David Cook (3) *Planning our human infrastructure* (recommendation p.11) Professor Ben Freedman and Associate Professor Chris Roberts
12.15 pm - 12.45 pm	**Summing up** Professor Bruce Robinson (1) Review of agreed recommendations (2) Assign responsibility for implementation (3) Agree on timeframe for implementation (4) Agree on resources required
1.00 pm	**Lunch**

RESEARCH STRATEGY

Recommendation #1: That the Faculty endorse research-led teaching and the implications that this has for supporting research in all Schools.

Recommendation #2: That the Faculty support core facilities at key sites, such as the EMU, Sydney Bioinformatics, SUPAMAC, tissue and data banks, and encourage the expansion of their service across the entire faculty.

Recommendation #3: That Faculty continue to identify ways to strengthen mutually beneficial linkages with research institutes.

Recommendation #4: That Faculty undertake regular review of its research support mechanisms to ensure proper focus on viable and productive research groups throughout the Faculty.

Recommendation #5: That Faculty Institute mechanisms for mentoring and networking for ECRs and new appointees and isolated academics to increase their effectiveness (Associate Dean or Discipline Head to identify specialty mentor).

Recommendation #6: That Faculty invest in further upgrading the datasets that it and the University hold on its research investment, capacity and output.

Recommendation #7: That Faculty use these data to benchmark its performance, to guide renewal of its strategy, to support increased investment by the broader University community in the Faculty, and to set a baseline for evaluating its future development.

Recommendation #8: That Faculty focus internal funds for research support on PGR students, ECRs, postdocs and new staff (below level E), paying particular attention to productivity relative to opportunity.

Recommendation #9: Faculty should invest in attracting and retaining postgraduate students, and specifically Faculty should pursue initiatives to encourage more *clinicians* to undertake postgraduate research.

Recommendation #10: That Faculty identify core competencies and implement measures to ensure that all students (USyd MP and PFRs) achieve these competencies.

INTERNATIONAL OFFICE

DR LYNDAL TREVENA

RECOMMENDATIONS

- That the International Office focus on strategic engagement with partners in the following Asia-Pacific nations: China, India, Vietnam, Cambodia, Indonesia, Timor L'Este, Papua New Guinea and Fiji, as well as top-ranking institutional partners in Europe and North America.

- That the International Office build depth and strengthen our track record in the following strategic areas of international health - maternal and child health, health security in communicable diseases, crisis management and response and consolidate existing strengths in non-communicable disease control.

- That the Faculty continue to facilitate and support the implementation of curriculum review components pertaining to internationalisation in order to prepare globally competent medical graduates (e.g. international student diversity and support, curriculum content, international options, honours and electives).

PROPOSAL FOR A UNIVERSITY OF SYDNEY INSTITUTE OF FORENSIC MEDICINE & SCIENCE

PROFESSOR RON TRENT

RECOMMENDATIONS

- That Faculty lead the initiative to develop a University of Sydney Institute of Forensic Medicine & Science – to function as a virtual institute across Faculties etc. - and set up linkages with key extramural organisations such as Justice Health.

- That there be two Co-Directors – one to cover the Pathology issues, and a second for the Medicine issues and Board of Management to oversee the Institute.

- That the University provide seed funding of $490,488 for 3 years – salaries for 0.2 FTE Co-Director; 1.0 FTE Project Officer and 0.5 FTE Administrative Officer and running costs.

- That the Institute be required to be self funding and growing by Year 4.

UNIVERSITY OF SYDNEY MEDICAL PROGRAM

RESEARCH IN THE MEDICAL PROGRAM
BUILDING A BETTER PIPELINE

ASSOCIATE PROFESSOR TESSA HO

RECOMMENDATIONS

- That Faculty strongly promote the MPhil as a one-year research training program for USydMP students who have an interest in research. The MPhil should be undertaken in an additional year intercalated in the USydMP course. Students can undertake the MPhil at any time between the end of Stage 2 and the end of the USydMP. All students who had successfully completed Stage 2 of the USydMP would be eligible to undertake the MPhil program.

- That the MPhil research degree be undertaken in any field relevant to medicine.

- That the award of the MPhil be independent of the candidate's performance in the USydMP.

- That Faculty investigate the award of Honours to acknowledge outstanding performance.

- The Faculty continue to offer mentored research experience within the USydMP to interested students, through research electives, research options, and summer research studentships.

- The Faculty develop and implement processes for promoting the MPhil and linking the MPhil program with affiliated research institutes as well as research units within the Faculty. These processes should include:
  - identification of and direct approaches to USydMP students who have had prior research experience;
  - direct approaches to students who have demonstrated an aptitude for research in research electives, research options or summer research studentships;
  - identification and support of potential supervisors in the Faculty's schools and departments and in affiliated research institutes; and
  - the development of a limited scholarship scheme for selected MPhil students.

- That students who complete the USydMP coursework with merit be awarded the MBBS degree *cum laude.*

POSTGRADUATE MEDICAL EDUCATION

LINKAGES BETWEEN UNIVERSITIES AND POSTGRADUATE MEDICAL TRAINING

ASSOCIATE PROFESSOR TIM SHAW

RECOMMENDATIONS

- **Support specialist trainees undertaking postgraduate research in Faculty as part of their advanced training**
  Objectives: Increase research output; enhance specialist training; and support and develop academic medicine.

- **Define and develop the contribution of the Faculty to the content and delivery of postgraduate medical education**
  Including:
  - In final years of medical program as part of early specialist streaming programs
  - During specialist training
  - During continuing professional development Objectives: streamline training; enhance role of University in spectrum of training, define areas for faculty investment in education and training to maximise returns and minimise risks.

- **Ensure Faculty takes a leadership role in the rapidly changing environment of health workforce education and governance** Objectives: Enhance medical education and training; ensure faculty can best respond to, and benefit from, any change.

SCIENCE EDUCATION

BACHELOR OF MEDICAL SCIENCE: A HOME IN THE FACULTY OF MEDICINE?

EMERITUS PROFESSOR ANN SEFTON

Since the early 1900s small numbers of science students have elected to study some of the basic medical sciences within the BSc degree, and by the 1970s the numbers started to grow. A Bachelor of Medical Science program was introduced in 1991. Roger Dampney and Gareth Denyer led the introduction in 1997 of a novel BMedSc integrated program: year 1 included the basic sciences, year 2 introduced the core medical science subjects; year 3 offered a wide selection of medical science options. It remains a strong and popular program.

Although the major contributions to the teaching are from the Medical Faculty in years 2 and 3 and in the Honours level fourth year, the degree has remained within the Faculty of Science. Many of the BMedSc graduates progress to Honours and PhD degrees in the Faculty of Medicine; they are employed in hospitals, universities and health research facilities. Some enter the Medical Program, and others enrol in graduate degrees in other health disciplines.

It is time to review the BMedSc program. Is it optimally located in the Faculty of Science, when much of the commitment to the senior teaching comes from the Faculty of Medicine?

The current first year BMedSc program has a standard introduction in Science: Biology, Chemistry, Maths and Physics. First year does not include the medical sciences which are introduced only in the second year. Indeed, the philosophy has changed little from Anderson Stuart's scientifically based medical programs in the earliest days of the Faculty. Most, but not all, current students have studied science subjects in some detail at school and are keen to engage with the more medically- and biologically-oriented sciences.

A different approach would be to reorganise the present program. Selected aspects of the medical sciences should be introduced into first year, supporting the students with relevant aspects of basic sciences that are relevant to their concurrent learning. Those relevant basic sciences would then continue as an underpinning throughout the program, introduced in the context of concurrent medical sciences. That approach would blend the basic and applied sciences, providing opportunities for students to engage progressively in more depth in selected topics of interest particularly in the third year.

It is evident that students will enrol with different backgrounds and levels of understanding. Nevertheless, with good on-line support and opportunities for targeted teaching, some practical work and tutorials in areas of particular difficulty, there is no impediment to starting the medical sciences in year 1. The result would be to enthuse the students, and enhance their understanding both of medical and relevant basic sciences by integrating their learning across all three years.

At least two aspects of the program could well be enhanced (and others may well identify

particular issues). First, a stronger emphasis on relevant health and medical statistics could be taught by staff in Public Health within the context of the medical sciences. Secondly, there is little reference to psychology, although neuroscience is strong. It would be worth exploring whether an introduction to psychology could be included, with options in the third year to expand specific aspects, perhaps in collaboration with neuroscience.

These reforms would need some intensive internal expert discussion followed by external negotiation and planning.

RECOMMENDATIONS

- That Faculty establish a working party to review the current structure of the BMedSc degree.
- identify strategies for introducing the medical sciences in first year.
- integrate relevant sciences throughout the program.

INFRASTRUCTURE

PLANNING OUR HUMAN INFRASTRUCTURE

PROFESSOR BEN FREEDMAN AND ASSOCIATE PROFESSOR CHRIS ROBERTS

RECOMMENDATION

- That Faculty initiate a review of current staff profile, future capacity requirement and balance.